

1423

MARGIN RESERVED FOR BINDING
USE PERMANENT INK

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

(This return should preferably be made by the person who made the original)

SUPPLEMENTARY REPORT OF BIRTH County Registrar's No. * 102

Place of Birth Globe County Gila No. E. Mesquite St.

(Registration District)

SEX OF CHILD*	Twin Triplet or other?	and	Number in order of birth
Female			

DATE OF BIRTH* March 29 1912

(Month) (Day) (Year)

FULL NAME Arthur Lee FATHER

FULL MAIDEN NAME Priscella Hampton MOTHER

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.

SM 5/20/41

I HEREBY CERTIFY that the child described herein has been named

Dorothy May Lee

(Give name in full) (Surname)

Priscella Lee Tracy

(Parent's Signature)

(Signature of Physician or Midwife)

435-329-785